THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012550
STATE FILE NUMBER

APR 28 1959 Registration District No. 47 Primary Registration District No. 4068 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mokane — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence Mokane — Length of stay in 1b: Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Callaway
c. CITY OR TOWN: Mokane 0140 C — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): S. Part of Mokane — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First George Middle Washington Last Ward

4. DATE OF DEATH: Month April Day 21 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED X / NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Dec. 14, 1874

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Fayette, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Ward

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mrs. Ollie Weeks, Fulton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Endocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Bronchitis
DUE TO (c): a Pneumia

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4.214

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 58 to Apr 59 and last saw him alive on Apr 21 59
Death occurred at 11:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W O Gayne M.D.

22b. ADDRESS: R #3 Fulton Mo

22c. DATE SIGNED: 4/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4-23-59

23c. NAME OF CEMETERY OR CREMATORY: Mokane Cemetery

23d. LOCATION (City, town, or county) (State): Mokane, Mo.

24. FUNERAL DIRECTOR ADDRESS: Maupin Funeral Home, Fulton, Mo.

25. DATE RECD. BY LOCAL REG.: Apr 25-1959

26. REGISTRAR'S SIGNATURE: Marita Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marshall C. Blackw

Licensed Embalmer No. 4

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.